**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Claims as filed - Pa					1	SWALL ENTITY			OTHER THAN			
			(Column 1)		(Column 2)		TYP	TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS							RA	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			16 minus 20=		•		X	S 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =				X	40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+1	35=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in column 2		TO	TAL		OR	TOTAL	710.00
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	Wishing was seene.	(Colu		(Column 3)	SMALL ENTITY			OR	OR SMALL ENTITY	
AMENDWENT A		CLAIMS REMAINING AFTER AMENDMENT	٠	HIGH NUM PREVI PAID	IBER	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus : ***		T CLAIM	=	X	10=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=	
								OTAL T. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										. ע	ADDIT. PEC	
	AND TO SERVICE STATE OF THE SE	CLAIMS	1		HEST				4001	1 1		4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA	R/	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	NITATION OF MI	Minus	***	CL AIM	=	X4	10=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=	
				٠.			ADDIT	OTAL . FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	*** PENDEN	T CL AIM	=	X4	0=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OP.	TOTAL ADDIT. FEE	
		mber Previously Pa ober Previously Pai							propriate box			